



IFU

CASE LA0108 NP

CERTIFICATE OF MAILING

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Jonathan N. Provost
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Dec 6, 2004
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

WASHBURN ET AL.

APPLICATION NO: 10/764,118

FILED: JANUARY 23, 2004

FOR: CYCLOALKYL CONTAINING ANILIDE LIGANDS FOR THE
THYROID RECEPTOR

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

This reference was cited in a search report in a corresponding PCT International application. Copy of this reference and the search report is enclosed herewith.

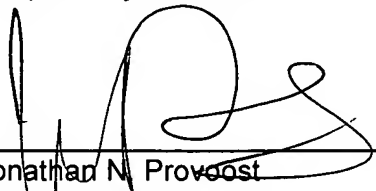
The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).



Certificate under 37 C.F.R. §1.97(e)(1)

I, the undersigned attorney, hereby certify that each item of information contained in this Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement.

Respectfully submitted,


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FORM PTO-1449
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE**INFORMATION DISCLOSURE CITATION**

(Use several sheets if necessary)

ATTY. DOCKET NO.
LA0108 NP
APPLICATION NO.
10/764,118
APPLICANT
WASHBURN ET AL.
FILING DATE
JANUARY 23, 2004

Group

**U.S. PATENT DOCUMENTS**

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	6,090,854	7/18/00	James R. Epperson			
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER**DATE CONSIDERED**

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.